

Certificate of Notice Page 1 of 5
United States Bankruptcy Court
Eastern District of Pennsylvania

In re:
John William Flach
Jennifer Megan Flach
Debtors

Case No. 19-13239-elf
Chapter 13

CERTIFICATE OF NOTICE

District/off: 0313-2

User: PaulP
Form ID: pdf900

Page 1 of 1
Total Noticed: 3

Date Rcvd: Aug 13, 2019

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Aug 15, 2019.

db/jdb +John William Flach, Jennifer Megan Flach, 616 Charles Drive, Gilbertsville, PA 19525-9197
+Charles E. Bradley, Jr., CEO, Consumer Portfolio Services, Inc.,
3800 Howard Hughes Parkway, Suite 1400, Las Vegas, NV 89169-5980

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center. 14327031 +E-mail/Text: bankruptcy@consumerportfolio.com Aug 14 2019 03:15:16
Consumer Portfolio Services, Po Box 57071, Irvine, CA 92619-7071

TOTAL: 1

***** BYPASSED RECIPIENTS *****

NONE.

TOTAL: 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
USPS regulations require that automation-compatible mail display the correct ZIP.

Transmission times for electronic delivery are Eastern Time zone.

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Aug 15, 2019

Signature: /s/Joseph Speetjens

CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on August 13, 2019 at the address(es) listed below:

JOSEPH L QUINN on behalf of Joint Debtor Jennifer Megan Flach CourtNotices@rqplaw.com
JOSEPH L QUINN on behalf of Debtor John William Flach CourtNotices@rqplaw.com
REBECCA ANN SOLARZ on behalf of Creditor PNC BANK NATIONAL ASSOCIATION
bkgroup@kmlawgroup.com
United States Trustee USTPRegion03.PH.ECF@usdoj.gov
WILLIAM C. MILLER, Esq. ecfemails@ph13trustee.com, philaecf@gmail.com

TOTAL: 5

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA**

In re : Chapter 13
:
John William Flach
Jennifer Megan Flach :
:
Debtor(s) : Bankruptcy No. 19-13239ELF

NOTICE

To the debtor, debtor's counsel, trustee, and creditor Consumer Portfolio Services, Inc.;

NOTICE is hereby given that:

Pursuant to Federal Rules of Bankruptcy Procedure 3004 and 3005, you are hereby notified that a proof of claim in the amount of \$18,024.04 has been filed in your name by Joseph Quinn, Esq. on behalf of John William Flach and Jennifer Megan Flach on August 12, 2019.

Dated: August 13, 2019

FOR THE COURT

TIMOTHY B. MCGRATH
CLERK

By: Paul A. Puskar
Deputy Clerk

cc:
Debtor
Counsel to Debtor
Trustee
Creditor

Fill in this information to identify your case:

Debtor 1 John William Flach
Debtor 2 Jennifer Megan Flach
(Spouse if, filing)
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA
Case number 19-13239
(If known)

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Official Form 410
Proof of Claim

4/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Consumer Portfolio Services, Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Consumer Portfolio Services, Inc.</u> <u>3800 Howard Hughes Parkway</u> <u>Suite 1400</u> <u>Las Vegas, NV 89169</u> Name, Number, Street, City, State & Zip Code Contact phone <u>(800) 342-9246</u> Contact email <u>bankruptcy@consumerportfolio.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>Consumer Portfolio Services, Inc.</u> <u>PO Box 57071</u> <u>Irvine, CA 92619</u> Name, Number, Street, City, State & Zip Code Contact phone <u>(800) 342-9246</u> Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>*****8735</u>
7. How much is the claim?	\$ <u>18,024.04</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>perfected car note</u>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input checked="" type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: <u>2012 Hyundai Santa Fe</u> Basis for perfection: <u>lien on car title</u> Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ <u>6,475.00</u> Amount of claim that is secured: \$ <u>6,475.00</u> Amount of claim that is unsecured: \$ <u>11,549.04</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) <u>5</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

- ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____
- ☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____
- ☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____
- ☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____
- ☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____
- ☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☒ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date August 12, 2019
MM/DD/YYYY

Signature 

Print the name of the person who is completing and signing this claim:

Name Joseph Quinn

Title Attorney for Debtor

Company Ross, Quinn & Ploppert, P.C.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 192 S. Hanover Street, Suite 101
Pottstown, PA 19464
Number, Street, City, State and Zip Code

Contact phone 610-323-5300 Email jquinn@rqplaw.com